



AUTHORIZATION FOR DIRECT DEBIT

I authorize Tilden Township ("Company") to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Tilden Township and Financial Institution ("Depository"), listed below, a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution three days before my account is charged. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Branch: _____ Phone: _____

Routing Number: _____ Account Number: _____

Checking _____ Savings _____

Select One:

____ New Authorization

____ Change to Previous Authorization

____ Termination

TRANSACTION INFORMATION

On _____ I authorize Tilden Township to initiate electronic entries to my checking or savings account and have agreed to the terms listed in the authorization.

Initial Payment Amount (if applicable): _____

Usage Amount: **Regular Usage**

Regular Payment Date: **2nd Wednesday of the Month** Transaction Frequency: **Monthly**

Name Street Address City, State Zip

Phone Number Email Address

Signature Date

Return form to treasurer@tildentwp.org or by mail at 3145 County Road PG, Ishpeming, MI 49849